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**WORKMAN NYDEGGER (F/K/A WORKMAN NYDEGGER & SEELEY)**  
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**ERIC L. MASCHOFF**

(Depositor's name)

*E. L. Maschoff*

(Signature)

*August 13, 2004*

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/617,736	07/17/2000	Ping Xie	15436.249.20	8309

TITLE OF INVENTION: FIBER OPTICAL PIGTAIL GEOMETRY FOR IMPROVED EXTINCTION RATIO OF POLARIZATION MAINTAINING FIBERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOOD, KEVIN S	2874	385-011000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Workman Nydegger

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Finisar Corporation

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☐ Publication Fee☒ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 1☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 23-3178 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*E. L. Maschoff**August 13, 2004*

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